



SUGGESTION EVALUATION REPORT

STD. 645A (REV. 4-95) FMC

An Evaluator's Handbook is available to help you prepare your evaluation.  
Contact your Department Merit Award Administrator for a copy.

SUGGESTION NUMBER	DATE RECEIVED




SUGGESTER'S NAME	SUGGESTION TITLE
SUGGESTER'S DEPARTMENT	

QUESTIONS FOR THE EVALUATOR	YES	PARTIAL	ALTERNATE	NO
1. Has or will your department adopt the above numbered suggestion or an alternate solution as a result of this idea? If alternate or partial adoption, please describe under "Comments".				
2. <b>IF ADOPTED:</b> PROOF OF IMPLEMENTATION IS REQUIRED BEFORE AN AWARD CAN BE GRANTED. ■ Give actual or estimated first-year savings. ■ Explain how amount was calculated ■ Compare old and new method costs. ■ Give cost of adoption and amortization period recommended. ■ If no cash savings—see reverse.			IF ADOPTED, ENTER IMPLEMENTATION DATE	
3. <b>IF NOT ADOPTED:</b> ■ Give specific reasons. ■ Notify suggester of appeal rights (This is the responsibility of the Merit Award Administrator.)				

TO BE COMPLETED BY EMPLOYING DEPARTMENT IF ADOPTED	YES	NO
4. Was this problem specifically assigned to suggester for development or solution? If "YES", please explain under "Comments".		
5. Was development of this idea clearly within the scope of the suggester's normal duties? If YES, explain under "Comments". ( <b>Attach Duty Statement.</b> )		

NOTE: If you need assistance answering questions 4 and 5, please contact your Department's Merit Award Administrator.

COMMENTS (Attach separate sheet for additional comments)

EVALUATOR'S SIGNATURE 	EVALUATOR'S NAME (Typed or Printed)	TELEPHONE/CALNET NUMBER	DATE SIGNED
MERIT AWARD ADMINISTRATOR'S SIGNATURE 	MERIT AWARD ADMINISTRATOR'S NAME (Typed or Printed)	TELEPHONE/CALNET NUMBER	DATE SIGNED
REVIEWING OFFICER'S SIGNATURE 	REVIEWING OFFICER'S NAME (Typed or Printed)	TELEPHONE/CALNET NUMBER	DATE SIGNED
DEPARTMENT NAME			